CREW:	REW: 63 WORK ORDER TYPE: MODIFICATIONS		02-53663-30		ISSUE DATE 01/06/11	Page 1 Of 1			
Origi Plann	nator : CHARLES CHAMBERLAIN	Schedule Date Priority	: : 3C		Date Completed:	······	Failure Code	:	
Drawing No : 1CCE-M2014 Clearance Equip No/Cat: 1CCE-D 0 Tag Request			: NO		Completed By :	Signature		*	
Project ID : 1CCE-FAN-1D Text ID Shutdown : U Unit Frequency Ref No : Last Reading		: Accepted By : : NOT SCHEDULED : No Reading		Accepted By :		Signature	:	AN APPA	
						C=CrSp T ecord Time D	-	P=Plan Delays	
Step	Job Scope		MN DY	Safety and Additional	Information	Emp No	Date	Hours	Code/Hrs
1	PROVIDE HVAC SUPPORT TO MIDLEY HUBBER IN INSTALLATION OF NEW COOLING EQUIPMENT FOR UNIT-1 I.D. FANS-1C AND -1D AS DIRECTED BY YOUR SUPERVISOR.		2 1	**************************************	L			Washington and a second a second and a second a second and a second and a second and a second and a second an	
	1. SUPPORT CONTRACTOR WORK, SET LIMITS AND PERFORM START-UP TASKS			B. SIGN ON APPROPRIATE	E CLEARANCES				
				ADDITIONAL INFORMATION	N:				
	2. VERIFY AND SIGN-ON TO CLEARANCE. MAKE SURE YOU UNDERSTAND THE BOUNDARIES OF THE		}	* LOCATION: UNIT-1	SCRUBBER AREA				
		MARANCE YOU SIGN-ON TO. THE CLEARANCE INDARIES WILL CHANGE AT DIFFERENT STAGES						***************************************	
	OF THE MODIFICATION.								
	3. DOCUMENT ALL WORK CHARGED TO THIS WORK ORDER IN SUPPORT OF THE PROJECT.					***************************************		***************************************	
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							* IMPORTANT PONSIBLE FOR	NOTICE ** YOUR OWN SAFET	TY AND MUST

Job Feedback/Historical Notes:



ENSURE THAT THE REQUIRED PPE IS WORN FOR EVERY JOB YOU ARE DOING. IF YOU HAVE ANY QUESTIONS CONCERNING THE WORK RULES, SAFETY CODES, OR REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.